

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674403 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		X			
3	/					
4	/					
5	/		/			
6	/		/			
7	/		X			
8	/					
9	/		/			
10	/		/			
11	/		X			
12	/					
13	/		/			
14	/		/			
15	/		X			
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36	/					
37	/					
38	/					
39	/					
40	/					
41	/		X			
42	/					
43	/		/			
44	/		/			
45	/		X			
46	/					
47	/					
48	/		X			
49	/					
50	/					
TOTAL IND.	44	0	11	8		
TOTAL DEP.	5	0	1	0	0	0
TOTAL CLAIMS	49	0	12	8	0	0

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		0		0	0	0
TOTAL DEP.		0		0	0	0
TOTAL CLAIMS		0		0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS